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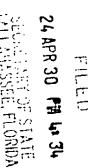
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COVER LETTER

	egistration Se- ivision of Cor			
ക്ഷാ സർത		YLE BEUTY SERVICES LL	c	
SUBJECT	:	Name of Lim	ted Liability Company	 .
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		DESIREE CAROLINA BO	OSCAN DE RAMOS	
			Name of Person	
		DESIRE STYLE BEAUTY	SERVICES LLC	
			Firm/Company	
		1032 CHASETREE LN		
			Address	
		SAINT CLOUD, FLORID	A, 34771	
			City/State and Zip Code	
		DESI2631@GMAIL.COM		
		E-mail address: ()	o be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	ill:	
DESIREE	CAROLINA I	BOSCAN DE RAMOS	+1 407-669 776-	1
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres egistration S		Street Address: Registration Sec	etion
	ivision of C	•	Division of Corp	•
	.O. Box 632 allahassee, F		The Centre of Ta	allahassee : Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESIRE STYLE BEUTY SERVICES LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on FLORIDA	and assigned
Florida document number L24000161042		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
DESIRE STYLE BEAUTY SERVICES LLC		
'he new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC	
Enter new principal offices address, if applicable:		24 R
Principal office address MUST BE A STREET ADDRESS)		一
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		P = -
		!
3. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	285
	, F)	lorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized §	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			C]Remove
			☐ Change
			bbA⊡
			□Remove
			□Change
			□Add
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			□Add
			Remove
			□ Change

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fective date, if other than the confective date is fisted, the date must ote: If the date inserted in this blockiment's effective date on the Department.	be specific and cannot be ck does not meet the	applicable statu			
ecord specifies a delayed effective is filed.	date, but not an effe	ctive time, at 12	:01 a.m. on the ea	rlier of: (b) The 90t	h day after the
ated APRIL, 26	, 2024	·			
-	esin	e .	Bosa	e.	
	ignature of a member				